



Block 7 Plot 94 P.O.BOX: 12580
Mbweni Mpiji, Dar – TANZANIA

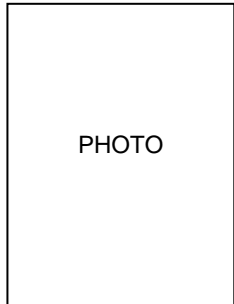
+255 684 577 548

info@shamsiyeschools.org

www.shamsiyeschools.org

REGISTRATION FORM

Admission Number: **Registered for FORM**



STUDENT'S DETAILS

Name & Surname

Date of Birth

Place of Birth

Nationality

Previous School

ST VII/FII/FIV INDEX NO.

PARENTS' DETAILS

FATHER

MOTHER

Full name:		Full name	
Phone1	Phone2	Phone1	Phone2
Email		Email	
Occupation		Occupation	
Physical Address		Physical Address	

GUARDIAN

Full name		Relation to student
Phone1	Phone2	Email

Write down your brothers or sisters starting with the eldest one

No	Name	Age	Gender	School and Class / Occupation
1				
2				
3				
4				
5				



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General

The student lives with:

Father Mother Both Other: _____

Who is financially responsible for the student?

Father Mother Both Sponsor Other: _____

How did you learn about SHAMSIYE Secondary School?

Friends Relatives Website Internet TV-Radio Leaflets Billboards

I confirm that the information I have given is correct to the best of my knowledge. I am aware that any false statement(s) may lead to this registration being rejected or to the annulment of admission already granted and may also render me liable to prosecution under the laws of The United Republic of Tanzania.

Student's Full Name:

Signature

Name of Parent/Guardian: _____

Signature

Date :

